U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT Office of Management and Budget No. 1215-0188

Expires: 11-30-2002

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Calve Section		BEAD THE	INSTRUCTION	ONS CAREFULLY BEFORE PREPARING THIS REPORT.
IMPORTANT LOYD WILLIAMS (2) 028-029 PIJUTIBRES APT-CIO IJ 31 20 00 (2) SUBSIDIARY — if this is a report for a subclinion of your union as defined in Section X of the instructions, check here: (3) USBARGER ROAD SAN JOSE, CA 95111 12/2000 PO. Box • Building and Floom Number (if any) Number and Street City City State ZIP Code + 4 Are your organization's records kept at its mailing address? Yes X No ADDITIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) EXECUTIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) EXECUTIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) EXECUTIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) EXECUTIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) EXECUTIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more space is needed, attach additional pages properly identified.) EXEMPLIANCE (In InfoRMATION (if more spa				O COVERED 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
S. MAILING ADDRESS (Type or print in capital letters.)	(M C 2)	0 2 8 - 0 2 9		terminal report, see Section XII of the instructions and check here:
First Name Lott WILLIAMS (2) 028-029 FIUTURERES AFTCTO 530 Last Name Last Name Last Name Last Name First Name Last Name Lot Number and Street AFFILIATION OR ORGANIZATION NAME DESIGNATION (Local, Lodge, etc.) INTERPORT Name City State ZIP Code + 4 Are your organization's records kept at its mailing address? Yes X No (If You's Provide address in Item 75.) ADDITIONAL INFORMATION (If more space is needed, attack additional pages properly identified.) First Name Last Name City State ZIP Code + 4 Are your organization's records kept at its mailing address? Yes X No INTERPORT NAME (If any) ADDITIONAL INFORMATION (If more space is needed, attack additional pages properly identified.) FIRST Name Last Name City State ZIP Code + 4 ADDITIONAL INFORMATION (If more space is needed, attack additional pages properly identified.) FIRST Name Last Name Last Name City State ZIP Code + 4 ADDITIONAL INFORMATION (If more space is needed, attack additional pages properly identified.) FIRST Name Last Name City City State ZIP Code + 4 ADDITIONAL INFORMATION (If more space is needed, attack additional pages properly identified.) FIRST Name Last Name City City State ZIP Code + 4 ADDITIONAL INFORMATION (If more space is needed, attack additional pages properly identified.) FIRST Name FIRST Name FIRST Name Last Name Last Name City City State ZIP Code + 4 ACT	CLIMB		i hrough	your union as defined in Section X of the instructions, check here:
LOTD WILLIAMS (2) 029-029 PLIMBERS AFTCIO J93 370 UMBARGER ROAD SAN JOSE, CA 95111 12/2000 Number and Street See ATTACHED SUPPORTING SCHEDULE See	•			8. MAILING ADDRESS (Type or print in capital letters.)
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PLIAMBERS AFL-CIO JU 393 370 UMBARGER ROAD SAN JOSE, CA 95111 12/2000 Identification or Organization NAME PO. Box • Building and Room Number (if any)	LOYD WILLIAMS	(2) 02	28-029	
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Bate telephone Number			see i	instructions.) $3/27/0$ (408) 225 - 3030 see instructions.)
	Date	Telephone Number		Date Telephone Number

During the Reporting Period Did Your Organization:	No	18. How many members did your organization have at the end of the
Yes 10. Have a "subsidiary organization" as defined in		reporting period?
Section X of the instructions?	<u>X</u>	19. What is the date of your organization's MO YEAR
		next regular election of officers? 1 2 2 0 0 3
11. Create or participate in the administration of a		20. What is the maximum amount recoverable
trust or other fund or organization, as defined in the instructions, which provides benefits for		under your organization's fidelity bond
in the instructions, which provides benefits for members or their beneficiaries?		for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
monipole of their policionalists.		21. What are your organization's rates of dues and fees?
12. Have a political action committee (PAC)		(Enter a minimum and maximum if more than one rate
fund? <u>X</u> .	<u>-</u>	applies for any line.)
		Rates of Dues and Fees
13. Acquire or dispose of any goods or property in	X	(a) Regular Dues/Fees \$ 1.16 per HOUR
any manner other than by purchase or sale?	<u> </u>	(Month, fear, etc.)
14. Have an audit or review of its books and records		(b) Initiation Fees $\$1,152.00 - 4,251.00$
by an outside accountant or by a parent body		(c) Transfer Fees \$ NONE
auditor/representative? X	:	(0) 110.000
,		(d) Work Permits \$\frac{19.00}{\text{ (Month, Year, etc.)}}\$
15. Discover any loss or shortage of funds or	1!	(Montin, Year, etc.)
15. Discover any loss or shortage of funds or other property?	X	22. During the reporting period, did your organization
(Answer "Yes" even if there has been repayment		have any changes in its constitution and bylaws Yes No
or recovery.)		(other than rates of dues and fees) or in practices/ procedures listed in the instructions?
16. Have any officer who was paid \$10,000 or more		(If the constitution and bylaws have changed,
by your organization and also received \$10,000 or		attach two new dated copies. If practices/
more as an officer or employee of another labor		procedures have changed, see the instructions.)
organization or of an employee benefit plan?	X	23. Were any of your organization's assets pledged
		as security or encumbered in any other way at the end of the reporting period?
17. Liquidate or reduce any liabilities without disbursement of cash?	X	
disbursement of cash?	122	24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," provide detail	is	(If the answer to Item 23 or 24 is "Yes," provide details in
in Item 75 on page 1 as explained in the instructions for each item	1. <i>)</i>	Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 2 8 - 0 2 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		4 3 9 2 5 8 9	2 4 5 4 9 2 8
	26. Accounts Receivable		0	0
ETS	27. Loans Receivable	1	0	4 1 2 5
ASSETS	28. U.S. Treasury Securities			0
	29. Investments	2	2 6 2 1 7 0	6 4 2 3 5
	30. Fixed Assets	5	8 4 9 1 2	5 8 1 7 3 5 3
	31. Other Assets	3	2 4 0 2	2 3 0 7 0 3
	32. TOTAL ASSETS		4 7 4 2 0 7 3	8 5 7 1 3 4 4
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable			0
JES	34. Loans Payable	8		0
LIABILITIES	35. Mortgages Payable		0	2 8 6 1 2 1 5
LIA	36. Other Liabilities	4	4 9 9 5 5	6 6 4 6 0
	37. TOTAL LIABILITIES		4 9 9 5 5	2 9 2 7 6 7 5
	38. NET ASSETS (Item 32 less Item 37)		4 6 9 2 1 1 8	5 6 4 3 6 6 9

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Page 3 of 12

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 8 - 0 2 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

Item	CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39.	Dues		1 9 0 9 7 5 8	56. To Officers	9	3 3 5 4 5 2
40.	Per Capita Tax		_ 0	57. To Employees	10	1 9 3 1 4 4
41.	Fees		1 2 8 1 7 5	58. Per Capita Tax		1039543
42.	Fines		1804	59. Fees, Fines, Assessments, etc		
43.	Assessments		1896051	60. Office & Administrative Expense	13	2 2 4 7 0 1
44.	Work Permits		0	61. Educational & Publicity Expense		0
45.	Sale of Supplies		2 1 6 8	62. Professional Fees		1 5 4 6 8 6
46.	Interest		1 9 7 6 6	63. Benefits	11	452476
47.	Dividends		1 5 7 4 7 4	64. Contributions, Gifts & Grants	. 12	1 5 4 8 5 9
48.	Rents	ļ	1 2 4 5 5 2	65. Supplies for Resale		. ,
49.	Sale of Investments & Fixed Assets	6	1 9 7 0 3 7	66. Direct Taxes		5 8 5 9 7
50.	Loans Obtained	8	0	67. Withholding Taxes		2 2 5 3 6 8
51.	Repayments of Loans Made	1	3 7 2 5	68. Purchase of Investments & Fixed Assets	. 7	2869480
52.	On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made		7 8 5 0
53.	From Members for Disbursement on Their Behalf	į	4 3 9 0 0	70. Repayment of Loans Obtained	. 8	
54.	Other Receipts	14	1 3 0 3 3 6	71. To Affiliates of Funds Collected on Their Behalf	1	0.
				72. On Behalf of Individual Members		4 3 9 0 0
				73. Other Disbursements	. 15	7. 9. 2. 3. 5. 1
55.	TOTAL RECEIPTS		4 6 1 4 7 4 6	74. TOTAL DISBURSEMENTS		6 5 5 2 4 0 7

Form LM-2 (Revised 2000)

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Page 4 of 12

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 2 8 - 0 2 9

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

	INCCLIANDER				
List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount.	Outstanding at Start of Period	Loans Made During Period	Repayments Rece	Loans Outstanding at End of Period	
(A)	(B)	(C)	(D)(1)	(D)(2)	(E)
1. Name: RON CEGLIO Purpose: FINANCIAL HARDSHIP					
Purpose: INANCIAL HARDSHIF					
Security: NONE \$100/MONTH STARTING Terms of Repayment 5/1/00 UNTIL	0	625	0	0	625
2. Name: KIRK RENSHAW					
Purpose:FINANCIAL HARDSHIP					
Security: NONE \$100/MONTH STARTING 5/1/00 UNTIL Terms of Repayment PAID	0	500	0	0	500
3. Name: RONALD RUDOLPH					
Purpose: FINANCIAL HARDSHIP					
Security: NONE \$300/MONTH STARTING 12/1/00 UNTIL Terms of Repayment: PAID	0	3,000	0	0	3,000
4. Totals from additional pages (if any)	0	3,725	3,725	0	0
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5		7 8 5 0	3 7 2 5	0	4 1 2 5
Enter the Totals from Line 6 in		企 ltem 69	ltem 51	ltem 75with Explanation	

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities 1. Total Cost	235
2. Total Book Value	235
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments 4. Total Cost	64,000
5. Total Book Value	64,000
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) INVESTMENTS IN PSP	64,000
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	6 4 2 3 5 순
Enter the Total from Line 7 in	企 ltem 29, Column (B)

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)				
1. DEPOSITS - WORKERS' COMP	2,077				
2. DEPOSIT/COLLATERAL - CD	211,179				
LOAN FEES - 3. NET OF AMORTIZATION	17,447				
4.					
5.					
6. Total from additional pages (if any)					
7. Total of Lines 1 through 6	_ 2 3 0 7 0 3				
企 Enter the Total from Line 7 in					

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)				
1. BENEFITS PAYABLE	14,194				
MEMBERS VACATION TRUST 2. FUND TO FORWARD	50,151				
3. PAYROLL LIABILITIES	2,115				
4.					
5.					
6. Total from additional pages (if any)					
7. Total of Lines 1 through 6	6 6 4 6 0				
Enter the Total from Line 7 in					

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 2 8 - 0 2 9

Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1,372,355		1,372,355	······································
1,524,194		1.524.194	
2,286,291	23,816		
110,009	104,301	5,708	
243,147	197,961	45,186	
784,983	177,548	607,435	
6,320,979	503,626	5,8 1,7,3,5,3	UNKNOWN
	Other Basis (B) 1,372,355 1,524,194 2,286,291 110,009 243,147 784,983	Other Basis (B) 1,372,355 1,524,194 2,286,291 23,816 110,009 104,301 243,147 197,961 784,983 177,548	Other Basis (B) Amount Expensed (C) Value (D) 1,372,355 1,372,355 1,524,194 1,524,194 2,286,291 23,816 2,262,475 110,009 104,301 5,708 243,147 197,961 45,186 784,983 177,548 607,435

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MORTGAGE BACKED SECURITIES	207,782	197,934	197,037	197,037
2.	-			
3.				
4.				
5. Totals from additional pages (if any)				<u> </u>
6. Totals of Lines 1 through 5	207,782	197,934	197,037	197,037
		7. Less Reinvestr	nents	0
		8. Net Sales		1 9 7 0 3 7
Enter the Total from Line 8 in				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 8 - 0 2 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. LAND - 6150 COTTLE ROAD, SAN JOSE, CA 95123	1,372,355	1,372,355	867,658
2. 6150 COTTLE ROAD, SAN JOSE CA 95123	607,309	607,309	0
3. LAND - 6140 COTTLE ROAD, SAN JOSE, CA 95123	1,524,194	1,524,194	818,940
4. BUILDING - 6140 COTTLE ROAD, SAN JOSE, CA 95123	2,286,291	2,286,291	1,178,880
5. Totals from additional pages (if any)	4,002	4,002	4,002
6. Totals of Lines 1 through 5	5,794,151	5,794,151	2,869,480
	7. Less Reinves	stments	0
	8. Net Purchase	es <u>2</u>	8 6 9 4 8 0
Enter the Total from Line 8 in			Item 68

SCHEDULE 8 — LOANS PAYABLE

Course of Leans Poughle at Any	Loans Owed at Loans Obtained		Repayment Mad	Loans Owed at		
Source of Loans Payable at Any Time During the Reporting Period (A)	Start of Period (B)	Start of Period During Period Cash Other Than		Other Than Cash (D)(2)	End of Period (E)	
1.					- · · · · · · · · · · · · · · · · · · ·	
2.						
3.						
4.						
5. Totals from additional pages (if any)						
6. Totals of Lines 1 through 5	. 0	0	0	0	0	
Enter the Totals from Line 6 in	ু	ি Item 50	ু	位 ltem 75 with Explanation	位 ltem 34 Column (D)	

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 8 - 0 2 9

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.) Last Name First Name	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. MARTINEZ ALFRED	2:0 1 2	: 0	4 6	. 0	2 0 5 8
Title PRESIDENT Status C					,
Last Name First Name					
2. HIRSH FRED	2 1 6 8	0	7 2 3 7	0	9 4 0 5
Tritle V I C E - P R E S I D E N T Status C Last Name First Name					
Last Name First Name					
3. L A P E A R L E W A Y D	1 4 1 6	0	0	: 0	1 4 1 6
Title R E C O R D I N G S E C Status C Last Name First Name					·
Last Name First Name 4. W I L L I A M S L O Y D	9 4 9 2 3	· · · · · · · · · · · · · · · · · · ·	л. — Д 7 7 Д	1 4 7 6	1 0 1 1 7 3
Title BUS MANAGER Status C			- -; '. -		1.0.1.1.3
Last Name First Name					
5. MIZE ROBERT	9 9 2 7 1	0	1 3 5 4	6 4 0	1 0 1 2 6 5
Title BUSINESS AGENT Status C	ŕ	-		•	
The state of the s					
6. LOWNEY HAROLD	8 5 5 8 2		2 5 7 5	481	8 8 6 3 8
Title BUS AGENT/ORG Status C					
7. LANCASTER RAYMOND	87658	0	3 1 3 4	0 0 3	9 1 7 8 5
Title BUSINESS AGENT Status C					
8. Totals from additional pages (if any)	120,620	0	236	1,665	122,521
9. Totals of Lines 1 through 8	493,650	0	19,356	5,255	518,261
			10. Less Deduc	A!	8 2 8 0 9
Enter the Total from Line 11 in		Item 56 🖒	11. Net Disburs	ements	3 3 5 4 5 2
*Code for Status (C): past officer — P; continuing officer — C; new office	er during the reporting p	eriod — N.	(If any officer was not of your organization's cons	elected at a regular ele titution and bylaws, expl	ection in accordance with ain in Item 75 on page 1.)

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Page 9 of 12

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 8 - 0 2 9

 (A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable) 	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name					
1. SAKAMOTO MARILYN	49687	0		0_	4 9 6 8 7
Position OFFICE STAFF					
Name of				1	
Organization N / A Last Name First Name					
== 1	41306	0	0	0	4 1 3 0 6
	1.1.0.0	- -		° .	 " 'a'
Position OFFICE STAFF					
Name of Affiliated N / A Organization N / A	<u>.</u>				
Last Name First Name					
3. S A N T A N A M A R L E E N	<u>44</u> 306	0	0	0	4 4 3 0 6
.					
Position OFFICE STAFF					
Affiliated N / A					
Last Name First Name	1 0 7 0 4	0	0	0	19704
4. DOMINQUEZ NATALIE	19704	· · · · · · · · · · · · · · ·	·		1 2 / 0 4
Position OFFICE STAFF	<u> </u>			j	,
Name of Affiliated N / A Organization N / A					
Last Name First Name					
5. FOLEY SUSAN	47872	0	0	0	<u>47872</u>
Position O F F I C E S T A F F					
Affiliated N / A					
6. Totals from additional pages (if any)	61,434	0	1,090	00	62,524
7. Totals for all employees who, during the reporting period, received					
\$10,000 or less in total disbursements from your organization and any affiliates	36,538	0	1,543	0	38,081
8. Totals of Lines 1 through 7	300,847	0	2,633	0	303,480
			9. Less Dedu	ctions	1.1 0 3 3 6
Enter the Total from Line 10 in	***************************************	Item 57 ⊏>	10. Net Disburs	sements ; ;	1.9.3:1.4.4
			<u></u>	· · · · · · · · · · · · · · · · · · ·	

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Page 10 of 12

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 2 8 - 0 2 9

Description (A)	To Whom Paid (B)	Amount (C)
1. DEATH BENEFITS	BENEFICIARY	72,500
2. DISABILITY PAYMENTS	DISABLED MEMBERS	20,452
3. HEALTH & WELFARE	TRUST FUNDS	92,388
4. PENSION	TRUST FUNDS	230,919
5. Total from additional pages (if any)		36,217
6. Total of Lines 1 through 5		4 5 2 4 7 6
Enter the Total from Line 6		∱ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE & CIVIC	82,090
2. LABOR ORGANIZATION/ 2. ACTIVITIES	33,650
3.FLOWERS & MEMORIALS	1,928
4.GIFTS & AWARDS	24,072
5. BALLOT MEASURE DONATIONS	10,000
6.ATTENDANCE INCENTIVES	3,119
7. Total from additional pages (if any)	0
8. Total of Lines 1 through 7	1 5 4 8 5 9
Enter the Total from Line 8 in	<u>ি</u> Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	29,419
2. OFFICE SUPPLIES & EXPENSE	S 19,738
3. ADMINISTRATIVE FEES	2,250
4. TELEPHONE	22,090
5. REPAIRS & MAINTENANCE	12,243
6. EQUIPMENT RENTAL	7,587
7. Total from additional pages (if any)	131,374
8. Total of Lines 1 through 7	224701
Enter the Total from Line 8 in	<u></u>

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SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. REFUNDS & REIMBURSEMENTS	51,151
MEMBERS TRUST FUND 2. VACATION MONIES	74,607
DISABILITY INSURANCE 3. REIMB. FROM EMPLOYEE	4,578
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	0
17. Total of Lines 1 through 16	1 3 0 3 3 6
Enter the Total from Line 17 in	ि Item 54

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. WAGE EQUALITY	277,351
2. SOFTBALL TEAM EXPENSE	2,682
3. REFUNDS OF DUES & FEES	6,622
4. NSF CHECKS	704
5. ELECTION EXPENSE	6,778
VACATION/DUES/SVGS 6. WITHHELD & FORWARDED	67,819
MEMBERS TRUST FUND/ 7. VACATION REMITTED	58,390
8. LOAN FEES	18,205
9. DEPOSIT/COLLATERAL - CD	211,179
10. RENTAL EXPENSES (SEE	
ATTACHED SUPPORTING 11. SCHEDULE)	142,621
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	0
17. Total of Lines 1 through 16	7 9 2 3 5 1
Enter the Total from Line 17 in	ু Item 73

				 	-
ORGANIZATION NAME			_		
PLUMBERS	AFL-CIO	LU	393		
				 	=
ENDING DATE OF PER	IOD COVERED: 1	2/31	1/00	 	_

FILE NUMBER: 0 2 8 - 0 2 9

PAGE 1 OF 10 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) Status B) Title (Enter title of officer, such as PRESIDENT or TREASURER.) (C)	Gross Salary (before taxes and other deductions) (D)		Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name	(5)	(-/			
JOHNSTON JAMES	99076	0	1:3 1	1.665	1:0 0 8 7 2
	, , , , , , , , , , , , , , , , , , , ,			,	
Title BUSINESS AGENT Status C					
	9 0 8	0	0	0	9 0 8
SECOR JAMES					
Title I N S I D E G U A R D Status C	ļ		··· · · · · · · · · · · · · · · · · ·		<u> </u>
			4 6	0	173
CARRASCO RUDOLPH					
Title EXECUTIVE BOARD Status C					
Last Name First Name		:			
KARBOWSKI RICHARD	4 9 6	0		0	4 9
Title E X E C U T I V E B O A R D Status C					
Last Name First Name		- 2			
S T E G E M A N R I C H A R D	989	0	. 0		9 8 .
Title E X E C U T I V E B O A R D Status C Last Name First Name	- *************************************				
VIRAMONTES NORMAN	•	0	0	0	4 8
Title E X E C U T I V E B O A R D Status C					
S A H N I N A V I N	1 2 2 5	0	0	0	1 2 2 5
	- I	74.734			
Title F I N C O M M I T T E E Status C			<u></u>	<u>-</u> -	
MARAGONI GINO	989	0	0	0	9 8
Tite FIN COMMITTEE Status C			,		
FIN COMMITTEE	105,865	0	177	1,665	107,707
m I M-2 (Revised 2000)	7 - 3	<u> </u>	<u> </u>		<u></u>

ORGANIZATION NAME:
PLUMBERS AFL-CIO LU 393 ENDING DATE OF PERIOD COVERED 12/31/00

FILE NUMBER: $0\ 2\ 8\ -\ 0\ 2\ 9$

PAGE 2 OF 10 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

DAVIS CARLIN 8.2 3 0 0 0 0 8 2 3	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Time F I N C O M M I T T E E Status C Sta						
S M I T H	DAVIS CARLIN	8_2 3	0	0	0	8 2 3
S M I T H	Title F I N C O M M I T T E E Status C					:
Title N E G C O M M T T E Status C	Last Name First Name					
Table N E G C O M M T T E Status C Status	SMITH MICHAEL	4 3 9	0	0	0	4_3 9
FISCHER THOMAS 2190 0 0 0 2190 Title NEG COMMITTEE Status C Lest Name ALEXANDER THOMAS 1879 0 45 0 1924 Title NEG COMMITTEE Status C Last Name LOWNEY MELVYN 1236 0 0 0 1236 Title STMF EXAM BOARD Status C Last Name PETERSON DARYL 248 0 0 0 0 248 Title STMF EXAM BOARD Status C Last Name PETERSON DARYL 248 0 0 0 0 248 Title STMF EXAM BOARD Status C Last Name RILEY JOSEPH 653 0 0 0 653 Title STMF EXAM BOARD Status C Last Name RILEY JOSEPH 653 0 0 0 0 653 Title STMF EXAM BOARD Status C Last Name PAYNE LEONARD 741 0 0 0 741 Title PLMB EXAM BOARD Status C	Tritle N E G C O M M I T T E E Status C					
Title N E G	Last Name First Name				• •	
A L E X A N D E R T H O M A S 1 8 7 9 0 4 5 0 1 9 2 4 Title N E G		I	0	0	. 0	2 1 9 0
A L E X A N D E R T H O M A S 1 8 7 9 0 4 5 0 1 9 2 4 Title N E G	Title NEG COMMITTEE Status C					
A L E X A N D E R T H O M A S 1 8 7 9 0 4 5 0 1 9 2 4 Title N E G	Last Name First Name					
Title N E G			0	4 5	0	1 9 2 4
Last Name L O W N E Y M E L V Y N 1 2 3 6 Title S T M F E X A M B O A R D Status C Last Name P E T E R S O N D A R Y L 2 4 8 O 0 0 0 0 2 4 8 Title S T M F E X A M B O A R D Status C Last Name R I L E Y J O S E P H 6 5 3 O 0 0 0 6 5 3 Title S T M F E X A M B O A R D Status C Last Name R I L E Y J O S E P H 6 5 3 O 0 0 0 7 4 1 Title S T M F E X A M B O A R D Status C	Title N E G C O M M I T T E E Status C					
Title S T M F E X A M B O A R D Status C Last Name First Name P E T E R S O N D A R Y L 2 4 8 0 0 0 0 0 2 4 8 Title S T M F E X A M B O A R D Status C Last Name First Name R I L E Y J O S E P H 6 5 3 0 0 0 0 6 5 3 Title S T M F E X A M B O A R D Status C Last Name First Name P A Y N E L E O N A R D 7 4 1 0 0 0 7 4 1 Title P L M B E X A M B O A R D Status C						·
Last Name First Name PETERSON DARYL 248 0 0 0 248 Title STMFEXAM BOARD Status C 0 0 0 653 Last Name First Name 0 0 0 653 Title STMFEXAM BOARD Status C Last Name First Name PAYNE LEONARD 741 0 0 741 Title PLMBEXAM BOARD Status C 0 741	TOMNETON WETLVYN	1 2 3 6	0	0_		1. 236
Last Name First Name PETERSON DARYL 248 0 0 0 248 Title STMFEXAM BOARD Status C 0 0 0 653 Last Name First Name 0 0 0 653 Title STMFEXAM BOARD Status C Last Name First Name PAYNE LEONARD 741 0 0 741 Title PLMBEXAM BOARD Status C 0 741	Title S T M F E X A M B O A R D Status C					
Title S T M F E X A M B O A R D Status C Last Name First Name R I L E Y J O S E P H 6 5 3 0 0 0 0 6 5 3 Title S T M F E X A M B O A R D Status C First Name P A Y N E L E O N A R D 7 4 1 0 0 0 0 7 4 1 Title P L M B E X A M B O A R D Status C Title P L M B E X A M B O A R D Status C	Last Name First Name					
Title S T M F E X A M B O A R D Status C Last Name First Name R I L E Y J O S E P H 6 5 3 0 0 0 6 5 3 Title S T M F E X A M B O A R D Status C Status C 0 0 7 4 1 Last Name First Name P A Y N E L E O N A R D 7 4 1 0 0 0 7 4 1 Title P L M B E X A M B O A R D Status C		2 4 8	0	0	0	2 4 8
R I L E Y J O S E P H 6 5 3 0 0 0 6 5 3 Title S T M F E X A M B O A R D Status C First Name P A Y N E L E O N A R D Status C Title P L M B E X A M B O A R D Status C						
Title S T M F E X A M B O A R D Status C Last Name First Name 0 0 0 7 4 1 P A Y N E L E O N A R D 7 4 1 0 0 0 7 4 1 Title P L M B E X A M B O A R D Status C 0 0 7 4 1	Last Name First Name					
Title S T M F E X A M B O A R D Status C Last Name Frist Name 0 0 0 0 7 4 1 P A Y N E X A M B O A R D Status C C Image: C Image	RILEY JOSEPH	653	0	0	0.	65_3_
PAYNE LEONARD 741 0 0 0 741 Title PLMB EXAM BOARD Status C						
Title PLMB EXAM BOARD Status C						
Title PLMB EXAM BOARD Status C	PAYNE LEONARD	7 4 1	0	0	0	7 4 1
Totals 8,209 0 45 0 8,254						
	Totals	8,209	0	45	0	8,254

ORGANIZATION NAME: PLUMBERS	AFL-CIO	LU	393	 ,
ENDING DATE OF PERIOD COVERED:	2/31/00			

PAGE $\underline{3}$ OF $\underline{10}$ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

Title REF EXAM BOARD Status C	9 8 9	0	0 0	0	989
Title P L M B E X A M B O A R D Status C Last Name	989	0	0	0	989
First Name	989	0	0	0	989
GONZALEZ PETER Title PLMBEEXAM BOARD Status C Last Name	989	0	0	0	989
Title P L M B E X A M B O A R D Status C Last Name S A L B E R G M A R T I N Title P L M B E X A M B O A R D Status C Last Name M A R T I N E Z T J J . Title P L M B E X A M B O A R D Status C Last Name First Name First Name First Name First Name S C O T T Title R E F E X A M B O A R D Status C	989	0	0	0	989
Title P L M B E X A M B O A R D Status C Last Name S A L B E R G M A R T I N Title P L M B E X A M B O A R D Status C Last Name M A R T I N E Z T J J . Title P L M B E X A M B O A R D Status C Last Name First Name First Name First Name First Name S C O T T Title R E F E X A M B O A R D Status C	989				
S A L B E R G	989				
Title P L M B E X A M B O A R D Status C Last Name First Name M A R T I N E Z T J J . Status C Last Name First Name E S T E P S C O T T Title R E F E X A M B O A R D Status C					
Title P L M B E X A M B O A R D Status C Last Name First Name M A R T I N E Z T J J . Status C Last Name First Name E S T E P S C O T T Title R E F E X A M B O A R D Status C	9.89	0	1 4		
M A R T I N E Z T . J	9.89	0	1 4	0	1 0 0 3
Title P L M B E X A M B O A R D Status C Last Name E S T E P S C O T T Title R E F E X A M B O A R D Status C	9.89	0	14	0	1 0 0 3
Title P L M B E X A M B O A R D Status C Last Name E S T E P S C O T T Title R E F E X A M B O A R D Status C	·			!	
E S T E P S C O T T Title R E F E X A M B O A R D Status C				ŕ	
Title REF EXAM BOARD Status C					
Title REF EXAM BOARD Status C	1 4 3 6	0	0	0	1 4 3 6
Last Name First Name					
KENNEDY SCOTT	908	0	. 0	0	9 0 8
Title REF EXAM BOARD Status C					
Last Name First Name					*****
Z E P E D A H E N R Y	5 7 5	0	0	0	5 7 5
Title REF EXAM BOARD Status C					
Last Name First Name		···			
Title Status	·				
Totals 6	5,546	0	14		6,560

				-				
ORGANIZATION NAME:		FIL	E NUMBER:	.				
ENDING DATE OF PERIOD COVERED:		PAG	GEOF	ADDITIONAL PAGES				
SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)								
(A) Name (List all persons who held office during the reporting period even if	Gross Salary	Disbursements						

(A) Name	(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters		Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.)		(D)	(E)	(F)	(G)	(H)
Last Name	First Name						
			-	=			
Title	Status .						
Last Name	First Name						
Tite	Status		_				
Last Name	First Name				-		
Title	Status						
Last Name	First Name				-		
Title	Status	i					
Last Name	First Name			-			
				-			
Title	Status First Name	•			<u> </u>		
Last Name	riist Name				·		
Title	Status						
Last Name	First Name					<u> </u>	<u></u>
Last (Valid	E HOS TRANS	-			_		
Title	Status	:			-		
Last Name	First Name		<u> </u>			-	
			<u>-</u>	_	_		
Title	· · · · · · · · · · · · · · · · · · ·	5		- -			
-	Tota				 	 	
	1018	ais	<u></u>			<u> </u>	<u> </u>

ORGANIZATION NAME:	PLUMBERS	AFL-CIO	LU	393		
ENDING DATE OF PERM	OD COVERED:	12/31/0	00	-	<u> </u>	

FILE NUMBER: 0 2 8 - 0 2 9

PAGE $\underline{4}$ OF $\underline{10}$ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
SAKAMOTO KELLY Position OFFICE STAFF Name of Affiliated Organization N / A	1 9 8 5 0	. 0	0	0	1 9 8 5 0
Last Name VICARI MARLEN Position OFFICE STAFF Name of Affiliated Organization N/A	3 1 1 5 1	0	0	0	3 1 1 5 1
Last Name DOUGLAS Position PICKET Name of Affiliated Organization N/A	1 0 4 3 3	0	1 0 9 0	0	1 1 5 2 3
Last Name Position Name of Affiliated Organization	-				<u>.</u>
Last Name Position Name of Affiliated Organization		-			
Totals	61,434	0	1,090	0	62,524

ORGANIZATION NAME:				F	ILE NUMBER:	- :
NDING DATE OF PERIOD COVERED.				P	AGEA	ADDITIONAL PAGES
CHEDULE 10 -	- DISBURSEMENTS TO	EMPLOYEES	(continued)		<u> </u>
(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.)		Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
Last Name	First Name					
			/			
Position						
Name of Affiliated Organization						

First Name

First Name

First Name

First Name

Totals

Name of Affiliated

Name of

Form LM-2 (Revised 2000)

Name of Affiliated

Organization

Affi:lated Organization _

Position Name of Affiliated Organization

Last Name

Last Name

PLUMBERS AFL-CIO LU 393 PERIOD ENDED 12/31/00 FILE NUMBER 028-029
PAGE 5 OF 10 ADDITIONAL PAGES

ITEM #11 (PAGE 2) - CREATE OR PARTICIPATE IN THE ADMINISTRATION OF A TRUST WHICH PROVIDES BENEFITS FOR MEMBERS:

NAME & ADDRESS	<u>PURPOSE</u>	PLAN I.D.#	PLAN#
Plumbers U.A. Local 393 Health & Welfare Trust Fund 1120 So. Bascom Avenue San Jose, CA 95150-5057	Health & Welfare & Dental Supplemental Unemployment Benefits	94-6401544	501
U.A. Local No. 393 Defined Benefit Pension Plan and Defined Contribution Pension Plan 1120 So. Bascom Avenue San Jose, CA 95150-5057	To provide pension benefits	Benefit Plan: 94-6359772 Contribution Plan: 94-6075617	002 003
Plumbing Industry Apprenticeship Non Profit Corporation 780 Commercial Street San Jose, CA 95112	Provide education to members	94-1482696	N/A

ITEM #12 (PAGE 2) - PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS LOCAL 393 POLITICAL ACTION FUND:

Report filed with:

Secretary of State

Political Reform Division (California)

Registrar-Recorder of Los Angeles County

Campaign Reporting Unit

Department of Elections, City and County of San Francisco, Campaign Statements

Registrar of Voters, County of Santa Clara

PLUMBERS AFL-CIO LU 393 PERIOD ENDED 12/31/00 FILE NUMBER 028-029
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ITEM # 23 (PAGE 2) - ASSETS PLEDGED AS SECURITY

<u>Asset</u>	Estimated Fair Market Value		
Land and building 6140 Cottle Road, San Jose, CA 95123	3,750,000		
Land 6150 Cottle Raod, San Jose, CA 95123	1,350,000		
Certificate of Deposit	11,179		
Certificate of Deposit	200,000		

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SCHEDULE 1 (PAGE 5) - LOANS RECEIVABLE

List below loans to officers, employees, or		_	Repayments Receiv	ed During Period	
members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D) (1)	Other Than Cash (D)(2)	Loans Outstanding at End of Period (E)
Name: Randy Hunnam Purpose: Financial hardship	0	2,000	2,000	0	0
Security: None					
Terms of Repayment: due on 9/12/2000					
Name: Rubin Pedroza	0	725	725	0	0
Purpose: Financial hardship					
Security: None					
Terms of Repayment: \$ 100/ month starting 5/1/2000					
Name: Arthur Ramirez	0	1,000	1,000	0	0
Purpose: Financial hardship	-	,	.,		
Security: None					
Terms of Repayment: due on 5/31/2000					
Total		3,725	3,725	<u> </u>	

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SCHEDULE 5 (PAGE 7) - FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
Land - 6140 Cottle Road San Jose, CA 95123	1,524,194		1,524,194	Unknown
Total	1,524,194	<u>-</u>	1,524,194	Unkown

SCHEDULE 7 (PAGE 8) - PURCHASE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location)	Cost	Book Value	Cash Paid (D)	
(A)	(B)	(C)		
Furniture & Equipment	4,002	4,002	4,002	
Total	4,002	4,002	4,002	

SCHEDULE 11 (PAGE 11) - BENEFITS

Description (A)	To Whom Paid (B)	Amount (C)
Other Fringe Benefits Workers Compensation	Trust Funds State Compensation Fund	4,870 17,347
Supplemental Death Benefits	Beneficiary	14,000
Total		36,217

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SCHEDULE 13 (PAGE 11) - OFFICE & ADMINISTRATIVE EXPENSES

Description (A)	Amount (B)	
Printing	4,369	
Postage	8,521	
Publications & subscriptions	989	
Newsletter	13,012	
Public relations	315	
Membership dues	2,155	
Insurance	29,355	
Computer access fees	1,500	
Conferences, conventions & Meeting	54,533	
Shredding	1,220	
Internet fees	1,969	
Bank service charges	145	
Special Mailer	9,445	
Data Storage	1,619	
Total	131,374	

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SCHEDULE 15 (PAGE 12) - OTHER DISBURSEMENTS

Description (A)	Amount (B)
Rental Expenses:	
Fees & Licenses	159
Office Expense	202
Security Services	75
Landscaping Services	748
Janitorial Services & Supplies	3,427
Management Fees	4,744
Property Tax	6,123
Property Insurance	6,358
Utilities	5,902
Mortgage Payment - Interest	49,741
Mortgage Payment - Principal	63,456
Total	142,621

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